ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XVII.—*Guy's Hospital Reports.* Edited by C. HILTON FAGGE, M. D., and ARTHUR E. DURHAM. Third Series, Vol. XIII. 8vo. pp. xvi., 538. London: John Churchill & Sons, 1868.

THE present volume of this most valuable series contains twenty-two papers, and is adorned with eleven plates (two of them coloured), and one wood-cut. We propose to furnish our readers, as usual, with a brief analytical and critical notice of the various papers embraced in the volume before us, grouping together first those of especial interest to surgeons, and secondly such as refer more particularly to practical medicine.

I. *A Second Case of Pharyngotomy for the Removal of a Foreign Body Impacted in the Pharynx.* By EDWARD COCK.

The patient was a soldier, who, while asleep, swallowed a tooth-plate which he had been in the habit of wearing, though it had lost the artificial teeth which had been originally attached to it. The size of the plate, as shown by the wood-cut, appears to have been an inch and a half by about three-fourths of an inch. Its material was silver. The accident occurred during the night of June 29th–30th, and after several ineffectual attempts to remove the foreign body had been made by the regimental surgeon, the patient left the camp and came to London. Here he applied to Mr. Cock, who immediately sent him to Guy's Hospital, where he was admitted on the afternoon of July 2d. As he had taken no food for more than seventy hours, Mr. Cock passed a large flexible catheter down the œsophagus by the side of the plate, and was thus enabled to introduce a few ounces of milk into the patient's stomach. The operation of pharyngotomy was performed the next day. The various steps of the operation are clearly described. The after-treatment consisted principally in the administration of food, which was accomplished by means of the stomach tube, assisted by nutrient enemata. In the present case, the operation entailed no loss of voice upon the patient; this Mr. Cock attributes to his having opened the pharynx as far back as possible, thus avoiding, as he believes, all filaments of the recurrent laryngeal nerve. We would refer our readers to the excellent notice of Mr. Cock's first case of pharyngotomy, to be found in the review of vol. iv. of *Guy's Hospital Reports* (1858), in the number of this Journal for April, 1859. We may add that in the criticisms there made we entirely coincide.

II. *Clinical Lectures Delivered at Guy's Hospital during the Winter Session*, 1866–67. By JOHN HILTON, F. R. S.

This paper is of the greatest interest and practical value; it embraces reports of five lectures, which we propose to examine somewhat in detail.

The first lecture gives the history of a fatal case of rupture of the left kidney, attended with hæmaturia. Following the daily report of the progress of the case we have Mr. Hilton's comments, in which he recapitulates the symptoms, shows how the diagnosis was arrived at by exclusion, and gives the reason for the adoption of each portion of the treatment. Some most important remarks are added upon the *diagnostic value of clots of blood.* "Most surgeons," says Mr. Hilton "throw away any clot that may happen to come from the invalid; but I would suggest to you never to do so until you have thoroughly examined it. Even if there is only one single confused mass, like that blocking the eye of the catheter in our present case, I advise you to swim it out in water; the shape that it then assumes may be of great help towards your diagnosis, for it will most likely exhibit the well-known form of the space that contained it during its coagulation." In the case in question, some of the clots had been evidently formed in the pelvis of the kidney, while others had derived their shape from coagulation in the ureter.

In the second lecture the subject of the diagnostic indications afforded by blood is continued, in the instances respectively of hemorrhage from the urethra, the rectum, and the stomach. If in attempting to micturate, blood escapes *before* any water passes, the hemorrhage is from the urethra, since blood never, or at least very rarely, flows backwards into the bladder. The exceptions are in cases of disease of the third lobe of the prostate, of false passages penetrating to the bladder, or of paralysis of the bladder and urethra, when the latter acts as a dead tube merely, and there is of course no impediment to the retrogression of at least a portion of whatever blood may be effused.

By applying the same rule as to the examination of clots, much useful information may be derived in cases of hemorrhage from the rectum. *Vomiting of blood* does not necessarily imply any lesion of the stomach. Blood is of itself, an emetic; and hence after any operation or injury in which blood is swallowed, hæmatemesis is likely to occur.

The subject of clots is continued in lecture third, and the proposition is stated that "*a clot of blood destined to arrest hemorrhage may endanger life.*" Several apposite cases are narrated in illustration of this aphorism, of which we will quote but one: "A surgeon opened a carbuncle freely in the afternoon, and ordered the nurse to apply a warm poultice, taking care not to remove any clots of blood, as they would prevent more bleeding, adding that he would call again next morning. On going next day to the house he found the shutters all closed, and his patient a corpse. The nurse informed him that 'the carbuncle bled after he left the house, forming large clots on poor master's back, which increased in size in the night, and he died this morning about four o'clock.'"

On the other hand, *a clot of blood may save life* by plugging wounded blood-vessels, and if the surgeon find that in any case the hemorrhage has positively ceased, he should be very cautious about disturbing the clot, which in this instance has served a good purpose.

Finally, "*a clot of blood may interfere with the success of a surgical operation, by preventing the union of wounds.*" Hence if primary union of a wound is aimed at, all bleeding must be arrested before the wound is closed.

Leaving the subject of clots, Mr. Hilton takes the history of a case of simple fracture of the tibia, complicated with the existence of a *loose cartilage* in the knee-joint of the affected side. The plan recommended for the treatment of this troublesome complaint is to keep the knee-joint constantly straight by means of a back-splint or other apparatus, and to endeavour to fix the floating body in one position in contact with the synovial membrane, by adhesive strips or some similar contrivance. By this plan Mr. Hilton has several times been able to obtain gradual absorption of the foreign body, and his method has at least the great advantage of perfect safety to the patient.

Three cases are embraced in lecture fourth; one of extraneous bodies floating in the thecæ connected with the tendons of the fingers, one of a long-standing ulcer on a stump cured by rest, and one of arrest of repair in a stump, benefit being obtained from division of surrounding nervous filaments.

The first case Mr. Hilton uses with his customary skill for the purpose of warning his hearers not to interfere with thecæ of tendons, or with bursæ situate close to, and especially if communicating with joints, unless other methods of treatment have already failed. Our author makes no reference to the treatment of such cases by injections of tincture of iodine, as successfully practised by the lamented Velpeau. (See notice in number of this Journal for October, 1867, page 514.)

Two cases are given in lecture five: the first of simple fracture of the femur, with extensive laceration of the integument followed by tetanus, the case recovering; and the second of lacerated wound over the knee, suppuration occurring in the joint, and the femur and tibia becoming anchylosed in a good position. Mr. Hilton's remarks upon these cases are characterized by the same judicious reasoning and practical common sense which are so obvious in all his published clinical lectures.

We consider the lectures which we have just had under review to be models of their kind, and could wish that all gentlemen who hold posts as clinical teachers would recognize that the duty of a bedside lecturer is not to prove his theories of pathology by the exhibition of picked cases, nor, on the other hand, to show a mere succession of isolated cases of greater or less intrinsic interest, but to teach his hearers how to study and reason out their cases for themselves; not making facts mere illustrations of theory, nor yet forgetting that bare facts are almost sure to be either forgotten or misinterpreted.

IV. *On Acupressure.* By J. Cooper Forster.

This is an interesting paper, adorned with a lithographic plate, and gives the details of thirty-one cases (mostly amputations) where bleeding was controlled in one or other of the various plans recommended by Sir James Y. Simpson and his followers. The method preferred by Mr. Forster is essentially the fourth method of the Edinburgh professor, substituting, however, a "well-waxed silk ligature or fishing gut" for the flexible wire used by Simpson. We have not found any facts or arguments in Mr. Forster's paper which throw additional light upon the acupressure controversy, and we see no reason to alter the opinion we expressed in noticing the essay of Prof. Pirrie and Dr. Keith in the number of this Journal for July, 1867. We greatly doubt whether the volumes of *Guy's Hospital Reports* which may be published fifteen or twenty years hence will confirm the praise given to acupressure by Mr. Forster in the following words, with which he concludes his paper: "For my own part I have quite decided in its favour (for the reasons I have given), and never intend again to use a ligature in any case where the edges of a wound are brought in apposition with a view to their adhesion. That some more simple plan than that of the pin and wire may be substituted I fully believe, and shall be most happy to cast them aside, as I now do the ligature, when such contrivance shall have been suggested; until that time arrives I shall continue to use acupressure as at present applied, in lieu of the ordinary ligature, with the same feeling that prompted the use of that means of arresting hemorrhage, instead of the hot iron, for I consider it as great an advance on the ligature as the ligature on the cautery."

V. *Report of Forty-one Cases of Uterine Polypi, with Remarks.* By J. Braxton Hicks, M.D., F.R.S.

These polypi were of various kinds and of different sizes. "They have, however, this in common, namely, that they were all treated by the plan of immediate separation, and all removed by the annealed steel wire rope écraseur, described by me in these reports in 1861, and in the *Obst. Trans.*, London, 1862. They also have these points in common, as regards the results, that no death occurred, and the removal was not followed by hemorrhage, nor by symptoms which gave any anxiety, excepting in two instances."

Dr. Hicks's remarks upon the treatment of this troublesome class of affections are lucid, and, we think, judicious. A careful study of the appended cases will be of service to any who are interested in this important department of uterine surgery.

VI. *Observations on some of the Affections classed as Nervous Deafness.* By James Hinton.

This is a valuable paper, giving details of twenty-three cases. With regard to the signs by which any particular case of deafness may be inferred to depend upon an affection of the nervous system, we find the following remarks:—

"1. The history. This is, in many cases, of itself decisive, especially when it connects the defect of hearing with other nervous derangements. . . . The history, however, may be very misleading if too much relied upon; some of the most marked forms of nervous deafness, especially those of sudden origin, being liable to be closely simulated by simple mechanical obstructions. Among the most frequent causes of nerve-deafness, besides blows on the head, and the effect of extremely loud or long-continued noises, are fever, sunstroke, mumps, diphtheria, parturition, prolonged residence in India. Convulsions in childhood stand as the origin of many cases, but it is a question whether, in a large proportion of these, the convulsive seizures have not been an effect of the ear-disease.

"2. Certain peculiarities of the hearing, such as the hearing better in a noise (as when riding). or hearing worse on excitement, depression, or fatigue, or on any special attempt to listen. A much better hearing for some sounds than for others, as, for example, for the watch as compared with the voice, is a suspicious circumstance; so also is a great diminution of the hearing on inflating the tympanum. . . . .

"3. A certain value attaches to the degree of deafness, which, if it be very excessive cannot depend on absence of conduction; but it is difficult to draw the line. It seems certain that *disease* of the conducting apparatus may reduce the hearing to a lower pitch than its congenital absence necessarily involves.

"4. Certain tests can be applied to the hearing by means of a tuning-fork placed on the head, which will sometimes give almost or quite decisive information. . . . . An inability to hear vibrations thus imparted to the cranial bones may be fairly held a suspicious circumstance, and at least the converse may be held valid, that if the tuning-fork be well heard, the deafness is not likely to be nervous. But the chief use of the tuning-fork in diagnosis rests on the simple fact that its vibrations, when imparted to the bones, *pass outwards* freely through the tympanum and external meatus, and are therefore reinforced by reflection when either the tympanum or the meatus is rendered impervious to sound. . . . . It may, indeed, be laid down as fairly ascertained that whatever diminishes the permeability of the tympanum or meatus for sonorous vibrations causes the bone-conducted sounds to be, *cæteris paribus*, better heard." If the tuning-fork applied to the cranial bones is heard *best*, therefore, with the *deaf* ear, the disease is seated in the conducting media; if, on the other hand, it is heard *worst* with the deaf ear, the case is one of nervous deafness.

Mr. Hinton further states that there is a certain aspect or manner about patients afflicted with nervous deafness which is of value in a diagnostic point of view. As, however, it is too variable as well as too delicate to be defined in words, we must be content to leave it as he does, undescribed.

"The disease from which it is most difficult to distinguish a nerve-deafness is undoubtedly 'anchylosis,' bony or membranous, of the stapes; or it is, perhaps, better to say rigidity of the ossicula resulting from any cause which does not leave palpable marks of its presence on the membrana tympani. It is in cases of this kind that the tuning-fork is so useful. Whatsoever condition of the tympanum prevents the inward, surely prevents also the outward, passage of vibrations, and will therefore, in like manner, prevent the increase of sound on closing the meatus, which depends on this outward passage. If, therefore, we suspect anchylosis in any case, but find that the natural increase of sound ensues on closing the meatus, the strong probability is that anchylosis is not present. If no effect follows, there is most probably obstruction to the passage of vibrations through the tympanum, though this, as will be seen hereafter, is not quite certain; and it then remains for judgment whether there be, besides such obstruction, any implication of the nervous system."

IX. *A Case of Intestinal Obstruction in which the Operation of Colotomy was performed, and twice repeated.* By JOHN HILTON, F.R.S.

This was a very remarkable case. The patient was himself a medical man, and had suffered from abdominal pain and constipation for some time before the obstruction to defecation became complete. After twenty-eight days Mr. Hilton saw him in consultation with Mr. Hancock and the late Dr. Jeaffreson, and they decided that the disease was in the upper part of the rectum or the sigmoid flexure, and that the colon should be opened in the left loin. Four days after the operation, evacuations began to pass *per anum*, and so continued for eleven weeks, the wound of colotomy having in the meanwhile closed. At the expiration of this time "all the worst symptoms returned without there having been any apparent cause for this unfavourable change." The colon was now reopened, a proceeding which was greatly facilitated by the adhesion of the bowel to the cicatrix of the former operation. As on the previous occasion, the bowels were relieved in the natural way on the third day. Great efforts were used to prevent the artificial opening from closing as it had previously done, but without avail; and in about three months the wound had for the second time healed. This time the patient's condition was so much improved that he was enabled to resume his practice, visiting as many as thirty families in the day. After a while, however, his strength began to fail; he became emaciated, and it was evident that deep-seated suppuration was taking place. From this period the patient's condition gradually became worse. The symptoms of obstruction returned, and it became necessary to perform colotomy for the third time. A large abscess was also opened below Poupart's ligament. The patient died from exhaustion almost a month subsequently. A *post-mortem* examination showed that the original disease had been an annular stricture of the gut about nine inches above the *sphincter ani*. This stricture was not, however, the immediate cause of the obstruction, for it readily permitted the passage of the finger. "The colon above the stricture was found to be bent upon itself, and thus to dip down into the pelvis. . . . . It seems to me that the course of events was as follows: The stricture first interfered with the passage of the motions and caused the contents of the intestine to accumulate behind it. The bowel above consequently deviated more and more from its natural position, and became bent on itself until it formed a sharp angle, which prevented entirely the discharge of its contents. When, however, the bowel had been opened by operation its distension was at once relieved, and it then became possible for the feces to pass on towards the anus. Thus the evacuations were discharged in the natural way so long as the wound remained open. When this closed, the same series of events was repeated."

The stricture was of a non-malignant character. It contained no new tissue-elements, but "appeared to be made up simply of the circular non-striated muscular fibres of the intestine, aggregated together, so as to form a cord-like mass."

This paper is illustrated with a lithographic plate.

XIV. *Case of Excision of the Spleen for an Enlargement of the Organ, attended with Leucocythœmia; with Remarks.* By Thomas Bryant.

The patient was a woman, forty years old, who had been obliged to leave her situation as housemaid on account of increasing debility, about six weeks before the date of the operation. The excision of the spleen was not attended with any difficulty, but the patient died from hemorrhage within fifteen minutes from the time of her removal from the operating table. In Mr. Bryant's previous case, it will be remembered, the patient did not bleed to death for two hours. [See notice in No. of this Journal for April, 1867, page 494.]

In both cases the majority of the glands throughout the body were affected in a manner similar to that which characterized the spleen.

"We have thus learnt," says Mr. Bryant, "two things from the cases related.

"Firstly, that the enlargement of the spleen in leucocythæmia appears to be only part of a general disease affecting the glandular system as a whole; and secondly, that in splenotomy for such a disease there is a disposition to hemorrhage with which surgery is incompetent to deal. It can neither be foreseen by any amount of care, nor coped with by any amount of skill.

"Under such circumstances there is no shirking the conclusion that the operation is physiologically unsound and surgically unsafe, and for leucocythæmia should not be performed."

We doubt not that our readers will readily coincide with this conclusion, and will join us in the hope that no surgeon may hereafter think it necessary to verify Mr. Bryant's results by a repetition of his experiments.

XV. *Cases of Malposition of the Testicle and of Malformation of the Male and Female Urino-genital Organs.* By Thomas Bryant.

This paper gives brief notes of twenty-three cases, and is illustrated with two lithographic plates. Several instances are mentioned in which the deformity of hypospadias was transmitted from parent to child. The usual position of the urethral orifice in hypospadias is, as stated, at a point corresponding to the preputial frænum. It may be partially concealed by a fold of the frænum, a fact which should always be borne in mind. We were asked, some years ago, to see a case of supposed impermeable stricture situated immediately within the meatus: the smallest probe could not be made to enter the urethra, and preparations had absolutely been made for urethrotomy. Some unusual appearance about the attachment of the frænum induced us to suggest to the physician in attendance that it might be a case of hypospadias, and such indeed it proved to be; whether the patient was himself ignorant of his deformity, or whether he was aware of it but preferred to submit to an operation rather than make known a peculiarity of which he may have been ashamed, is uncertain: the incident is mentioned here to show the importance of bearing in mind the possible existence of hypospadias in any case such as that described, as the surgeon may perhaps thereby be saved not a little mortification and annoyance.

XVIII. *Cases of Intestinal Obstruction.* By JOHN BIRKETT.

These cases are two in number, and are both of considerable interest. The first was a case of "intestinal obstruction caused by intussusception of the transverse colon, and complicated with irreducible omental hernia in the scrotum." In this case, which Mr. Birkett did not see until the eighth day of the obstruction, it was thought proper to perform herniotomy in view of the possibility of a portion of gut being involved in the tumour, though Mr. Birkett was disposed to think, what the operation revealed, that the contents of the sac were omental merely, with a little serum. This case may be compared with Mr. Bryant's, in which the obstruction was from a fibrous band, successfully treated by operation. [See No. of this Journal for July, 1867, page 263], and with Dr. Agnew's, reported by Dr. T. H. Andrews to the Philadelphia Pathological Society, at their meeting of March 14th, 1866. [See No. of this Journal for January, 1867, page 149.] The second case is of "intussusception of the ileum occurring whilst the patient was suffering with a simple surgical complaint (erysipelas)." Both of these cases terminated fatally, and the post-mortem appearances in either are carefully described.

XIX. *The Results of the Operations for the Removal of Stone from the Human Bladder, performed in Guy's Hospital during the Last Ten Years.* By JOHN BIRKETT.

This is an extremely valuable paper, and is based upon an examination of 162 cases of vesical calculus that were submitted to operation in Guy's Hospital, from 1857 to 1866. inclusive. All but two were males. The youngest was one year of age; the oldest seventy-seven. The total number of deaths was twenty-five. Several tables are given, showing the rates of mortality at different ages, the rates of mortality at different epochs of life, the causes of death after lithotrity, the causes of death after lithotomy, and the duration of symptoms and the ages in successful cases of either operation respectively.

Of 103 cases under fifteen years of age, in all of which lithotomy was performed, but four proved fatal. Of 59 cases, sixteen years old and upwards, lithotrity was performed in twenty-five with five deaths (20 per cent.), and lithotomy in twenty-six with twelve deaths (46.15 per cent.), while in five cases, lithotrity having failed, lithotomy was subsequently resorted to with the mortality of three (60 per cent.).

It would, however, be unfair, as very justly remarked by Mr. Birkett himself, to infer from these statistics that the mortality after lithotomy is more than twice as great as after lithotrity. and that hence it should be rejected as an ordinary operation. To further illustrate this point we have taken the trouble to extract from Mr. Crosse's prize essay, published in 1835, when lithotrity was just coming into notice through the labours of Baron Heurteloup and others, the results of all the cases tabulated in his splendid work, of patients twenty years old and upwards, who submitted to lithotomy.

The figures stand as follows: During ten years at Guy's Hospital, lithotrity having been performed wherever it was thought at all practicable, the number of cases over twenty years of age submitted to either operation has been fifty [see Table I., page 473]; of these twenty proved fatal, a mortality of 40 per cent. At the Norfolk and Norwich Hospital, lithotomy alone being practised, there were 317 cases over twenty years old submitted to operation; of these but sixty five died, giving the comparatively small mortality of 20.5 per cent. [See Crosse's Treatise, etc., London, 1835, Table III., page 162.]

These comparative statistics, it will be seen, tell a very different tale, and while we are perfectly ready to acknowledge the preferability of lithotrity to lithotomy in *certain selected cases*, we must decline to take the view not unfrequently advanced of late years, that *cutting* for stone is a thing of the past, and that the patient whose calculus is not submitted to *crushing*, does not receive justice at the hands of his surgeon.

We would gladly dwell upon many other points brought up by Mr. Birkett's most interesting communication, but our limits compel us to be satisfied with giving his conclusions, which we quote in his own language:—

"1. That after an examination of the gross total of the hospital cases submitted to an operation for the removal of a stone from the bladder, the treatment may be regarded as successful in a general point of view.

"2. That in the early periods of life, before puberty, lithotomy may be performed with almost a certainty of success.

"3. That the operation for the removal of a stone from the bladder of adult patients admitted into hospital is attended with increasing risks to life as age advances.

"4. That the adult patients afflicted with stone do not generally seek the surgical assistance provided in an hospital until after the disease has existed for many years.

"5. That in consequence of that delay many cases are precluded from the advantages derived from the operation of lithotrity.

"6. That upon adults the operation of lithotrity was more frequently performed than lithotomy.

"7. That lithotrity in select cases was a successful operation.

"8. That in the class of patients operated on, lithotrity was followed by active organic disease of the kidneys, which was the cause of death.

"9. That the risks of both the operations increase in proportion to the length of time the stone has been forming in the bladder.

"10. That the mere fact of the duration of the disease does not preclude a successful result after lithotomy.

"11. That the immediate cause of death after lithotomy is disorganization of the kidneys and the effects thereof.

"12. That lithotomy may be attended with success, in some cases, when lithotrity, from specific local conditions, is not practicable.

"13. That patients cured by lithotrity were able to leave the hospital sooner than those upon whom lithotomy was performed."

The only fatal case met with under five years of age was in a child who was markedly affected with what is called the hemorrhagic diathesis; his case is made the subject of a special report by Mr. Durham, who performed the operation, and a notice of it will be found in the latter part of this review.

XXII. *The Human Eye in Health and Disease, as seen with the Ophthalmoscope* (Second Series). By C. Bader.

The previous series was published in the volume of Reports for 1865, and was noticed in the number of this Journal for April, 1866, page 496. Mr. Bader's papers are scarcely *clinical* enough in tone to be entirely appropriate among reports of hospital practice, but they are valuable in themselves, and are particularly admirable on account of the very beautiful coloured plates with which they are illustrated. The present series contains two plates, showing in six figures the ophthalmoscopic appearances of the healthy optic nerve (optic disk) and a small portion of the tunics adjoining it, in the fair, the brown, and the dark eye respectively.

J. A., Jr.

We shall now notice the medical papers contained in this volume.

III. *Affections of the Nervous System dependent on Diseases of the Permanent Teeth.* By S. James A. Salter, M. B., F. R. S.

The nervous derangements to which caries, exostosis, or other diseases of the permanent teeth give rise, is the subject of this paper, which will be found to be one of great interest. The derangements which are thus caused are divided by Mr. Salter "into those which are reflex, secondary, and remote; and those which are direct, immediate, and from contiguity. In the former category would rank epilepsy, neuralgia, paralysis; in the latter, local pain, facial palsy, some forms of amaurosis, etc." Attention is directed by Mr. Salter to the abundant supply of nerves which the teeth receive, the proximity of the lower molars to the auditory passage, and of the upper molars to the orbital cavity and its contents, and to the spheno-maxillary fossa and fissure; it is, therefore, not surprising, he thinks, that serious functional disorder has been the consequence, in many cases, of diseases of the teeth. The diseases of the teeth capable of producing pain, muscular spasm, muscular paralysis, paralysis of some of the nerves of special sense, and perverted nutrition, are caries, with or without exposure of the pulp, exostosis, hypertrophy of the crusta petrosa, nodular development of dentine in the pulp cavity, periostitis, whether plastic or suppurative, impaction of permanent teeth in the maxillary bones, and crowding of the teeth from insufficient room. The direct affections, on the other hand, are caused generally by the entanglement of the portio dura of the seventh pair, or of one of the nerves, which enter the orbit by those inflammatory operations and products which tooth diseases engender.

The paper contains the report of 23 cases; 17 of these Dr. Salter believed to be due to reflex irritation and 6 to direct. In the introduction to this paper Mr. Salter says very pertinently that while much has been written about the diseases incident to the first dentition, there is little or nothing in medical literature in regard to diseases caused by imperfections of the second teeth. These diseases are facial neuralgia, cranial neuralgia, general neuralgia, trismus, wry neck, epilepsy, tetanus, paralysis of the arm, amaurosis, deafness, perverted nutrition, superficial sloughing of the cheek, and ulceration of the neck. An interesting case of amaurosis due to the irritation caused by a carious tooth and cured by its extraction, will be found reported in the number of this Journal for April, 1868, p. 382, and the writer of this notice has known a case of violent neuralgia relieved by the removal of a tooth on the fang of which was found a small exostosis.

VII. *Cases of Elephantiasis Græcorum; with Remarks.* By G. OWEN REES, M.D., F.R.S.

This paper contains the report of two cases of this terrible disease, and is introduced, the author tells us, as the cases are illustrative of the two following points:—

1st. That leprosy in its worst forms may be developed in England.

2d. That anæsthesia may be as marked a symptom in the tuberculated form as in the non-tuberculated.

Dr. Rees thinks that the nomenclature proposed by the Committee of the Royal College of Physicians should be adopted, *i. e.*, tuberculated and non-tuberculated elephantiasis. He is disposed to classify this affection among the blood diseases, for he says: "The manner in which it destroys tissue, the fact that it is characterized by deposit, and that its action is capable of extending over the whole organism would seem to point to this conclusion." He likewise regards the fact that leprosy prevails in districts in which fish and salt provision, sometimes more or less putrid, are eaten as corroborative of this view; as do also Dr. Carter and Messrs. Steinhaüser and Shepherd.

VIII. *On Certain Rare Cutaneous Affections.* By C. HILTON FAGGE, M.D.

Dr. Fagge is well and favourably known in this country by his excellent translation of Hebra's work on *Diseases of the Skin,* and this and Article XI., which is also contributed by him, bear evidence that he is a learned dermatologist. The student of cutaneous medicine at Guy's, possesses a great advantage in the collection of models of skin diseases for which the hospital is noted, for when he sees a rare form of disease he can compare it with analogous or similar forms in the museum.

The diseases which are discussed in this paper are: 1. Circumscribed Gangrene of the Skin. 2. Psoriasis Rupioides. 3. Eczema Squamosum Universale seu Pityriasis Rubra. 4. Acne following Variola. 5. Acne Cornea. 6. Recurrent Acute Eczema.

The patient who suffered from circumscribed gangrene of the skin was under the care of Dr. Habershon, was fifty years of age, had had syphilis, and presented the physical signs of consumption. The first symptom of the disease appears to have been a sense of tightness in the legs, which was followed by the appearance of purpuric spots on the lower extremities, and these patches of purpura became gangrenous at the end of a few days, the mortification appearing to commence at the centre of the patches and to extend afterwards towards their circumference, so that at last the patches assumed a dry shrunken appearance. In a case similar to the above, reported by Dr. Rooke, under the name of erythema gangrenosum, the question arose in the minds of the attending physicians whether the disease could have been intentionally set up by the patient herself, and this view was adopted by Dr. Tilbury Fox, who said that the appearances described might be induced by reblistering a blistered surface, or by applying to it a strong acid. In Dr. Habershon's case the spontaneous nature of the affection could not be doubted. Dr. Fagge says the remarkable symmetry observed in all recorded cases leads to the belief "that the affection is immediately due to some defect of nervous influence, and, possibly, to some morbid state of the ganglionic system of nerves." No treatment that has been tried in these cases has been successful.

In the second variety of disease, which Dr. Fagge proposes to call psoriasis rupioides, after Dr. McCall Anderson, the scales assume "the shape of large conical crusts marked by concentric rings." The name we think is an unfortunate one, as Dr. Fagge himself admits, for the disease merely presents some resemblance to rupia; it does not at all present any evidence of a union of two diseases such as is seen in eczema impetiginoides, for example. The disease does not appear to require a modification of the usual treatment.

The third variety is a disease which has been described by various writers under different names; perhaps the name of pityriasis rubra is that which is most frequently given to it. We think, however, that this name is not entirely correct, as the disease is accompanied by a slight exudation which differs, in some of its characters, from that observed in the different varieties of eczema, and that the name eczema squamosum is equally objectionable. A better term is that proposed by M. Hardy, "pemphigus foliacé" for this disease resembles pemphigus both in its intractability and in the character of the liquid exuded.

The fourth variety is an acne which occasionally follows an attack of variola. This is apparently not frequently met with, as the only author by whom it is mentioned is Hebra. It is not difficult to understand that smallpox should in some cases occasion great irritation of the sebaceous follicles.

To the fifth variety attention was first called by Cazenave, and it has since been more accurately described by Hardy in the following terms: "This affection presents itself in the form of yellowish, gray, or black eminences, pointed, and giving to the touch the sensation of a rasp or a brush. By pressing at the base of these little tumours, they may be made to project still more, and sometimes they may be squeezed out, when the open orifice of the sebaceous follicle becomes visible, and shows what was their seat, and in what way they were produced."

The disease described as recurrent eczema appears to us to be nothing more than the ordinary eczema rubrum, the outbreak of which is frequently accompanied by general symptoms of some gravity, such as were noted in the case reported by Dr. Fagge. The recurrence seventeen days after the first attack does not seem opposed to this view, nor to justify the establishment of a new class.

X. *Cases and Observations in Medical Jurisprudence.* By ALFRED S. TAYLOR, M.D., F.R.S.

This paper contains the history of three cases of poisoning: 1st. By Carbolic acid; 2d. By Cyanide of Potassium; 3d. By Phosphorus.

In the first case a child 21 months old swallowed about two teaspoonfuls of carbolic acid, which had been placed in a saucer, under a bed, for the purpose of disinfection. She was brought at once to the hospital and was seen within ten minutes of the accident by Mr. Henry Taylor, the house surgeon. At that time the following symptoms were noted: pulse, 120; pupils very much contracted and insensible to light; skin cold and clammy; lips blue and respiration very much impeded; a tarry odour was perceived in the breath; she had vomited a little frothy fluid.

The respiration was so much interfered with that it was deemed advisable to perform tracheotomy, which had the effect of enabling the child to breathe with freedom for a short time, but she sank and died twelve hours after admission into the ward.

The following is the result of a post-mortem examination: About the mouth the skin was brown, dry, and shrunken. The interior of the mouth and the œsophagus were very much whitened from the local effects of the acid, the bronchi contained a brown, red, thick mucus which smelt strongly of tar and obviously contained blood. The mucous membrane was pinkish red, and in one spot was covered with diphtheritic membrane. The trachea presented the same appearances as the bronchi, with the addition, of course, of the wound made by the operation.

The change in the walls of the stomach "consisted in raised red-based patches with red borders; they were generally small, but confluent in places, and mostly limited to the summits of the rugæ. The surface of these patches was as though diphtheritic, *i. e.*, on it was a dryish pellicle." The microscope showed that "the superficial layer of the mucous membrane was destroyed, and in points separated, and the dead part showed all its structures perfect, their outlines being rendered very sharp by what may be called a process of cornification, so that every epithelial cell had a horny looking outline, whether seen from the side of it or from the top." In conclusion he says, "that no inflammatory formation existed was thus proved by microscopic examination."

In the second case, a gentleman took by mistake about three grains of cyanide of potassium in solution. Fortunately he at once discovered his error, and seeing on his table a saturated solution of the proto-sulphate of iron, immediately swallowed an ounce and a half of it; he then went to the nearest druggist's, where he obtained a mustard emetic, which brought up matter light blue or greenish in colour. The gentleman, as a consequence of this prompt treatment of himself, recovered perfectly in a few days, the only symptoms complained of being slight constriction about the throat and fauces and some muscular tremors. Dr. Taylor attributes the escape of this person from the effects of the poison to its rapid neutralization by means of the proto-sulphate of iron, by which it was converted into the inert Prussian blue.

In the third case, a girl, æt. 12, took, or had administered to her, it is uncertain which, a quantity of phosphorus paste (rat poison). During life the same symptoms were present, and after death the autopsy revealed the same lesions as occurred in the two cases reported in the *Med.-Chir. Trans.* for 1867, and of which an abstract was given in the April number of this Journal for this year, p. 492.

XI. *On Keloid, Scleriasis, Morphœa, and some Allied Affections.* By C. HILTON FAGGE, M. D.

This is another valuable paper from the pen of Dr. Fagge, and we regret that our space does not permit us to notice it more in detail. From careful observation of a case of the disease described by Dr. Addison, under the name of keloid, and a careful comparison of this with models taken from Dr. Addison's patients, two of whom he had an opportunity of seeing while at work on this paper, Dr. Fagge is inclined to think that the keloid of Addison is an essentially distinct disease from the keloid of Alibert, and closely allied to sclerema, or scleriasis, as Virchow has preferred to call it. In the two patients of Addison whom Dr. Fagge visited, many of the appearances described by the former were found no longer to exist; although much deformity was present in both cases, in consequence of the contraction of the skin.

Under the term morphœa is described a disease of which Dr. Fagge has been able to collect five cases. The following is the history of one of the cases: The patient was about fifty years of age, and first noticed the disease in consequence of the hairs over the part affected becoming snowy white and subsequently falling out. He then noticed a yellowish white patch on the forehead at the roots of the hair, which was slightly raised above the surrounding skin. This patch, as the disease progressed, became depressed and brownish in colour. In the four cases in which the position of the patch is noted, it is a little singular that it should have been on the left side. Dr. Fagge calls attention to the fact that the disease occupied exactly the tract of distribution of the first branch of the facial nerve. Notwithstanding the fact that this disease presents some points of resemblance to scleriasis, our author looks upon them as entirely distinct, and he also controverts the opinion that scleriasis and morphœa are but leprosy, modified by time and climate.

In regard to the causes of these affections nothing new is told us, and the same remark is true of their therapeutics. The microscope shows that the pathological anatomy of the disease consists in an excessive development of the connective tissue cells.

XII. *A Contribution to the History of Visceral Syphilis.* By W. Moxon, M.D.

Attention has of late been called by Dittrich, and more recently by Wilks, Bristowe, Reade, and others to the fact that the syphilitic diathesis is capable of inducing a peculiar degeneration of some of the internal organs. The possibility of this, although denied by John Hunter and Sir Astley Cooper, appears to have been well known to some of their contemporaries. In a work entitled *Practical Observations on the more Obstinate and Inveterate Venereal Complaint*, published in 1784, Schwediauer refers to a case reported by Brambilla, in which a patient, supposed to be suffering from phthisis, took by mistake mercurial ointment, with the effect of entirely relieving him of his trouble, which was afterwards found to depend upon a venereal taint. He also refers to cases reported by Werlhof, of intermittent (?) fever dependent upon constitutional syphilis, and cured by the employment of mercurials. Twenty-seven cases of visceral syphilis are reported by Dr. Moxon in this paper. The cranium and spine were found to be diseased 8 times; the brain, 3 times; the pharynx, 4 times; the rectum, 2 times; larynx or trachea, 10 times; the lungs, 11 times; the spleen, 10 times; the kidneys, 12 times; the testes, 9 times; the Fallopian tubes, 4 times; the tibiæ, 5 times, and the liver, 22 times. Dr. Moxon believes that he reports in this paper the first case in which the peculiar deposit characteristic of visceral syphilis was found in the kidney, the other cases of disease of the kidney being simply instances of lardaceous degeneration.

The disease of the liver and spleen which is regarded as peculiar to syphilis, consists in the deposition of a cheesy looking material within the substance of these glands. The deposition is believed to be due essentially to an excessive growth of the connective tissue of the part: its subsequent degeneration and contraction produce the appearance of a radiated cicatrix on the surface of these glands. So far as is known, there is no peculiar microscopic appearances attached to these deposits. In one case the report says: "The microscope showed only a few old nuclei and many broken ones, with fat grains and molecular debris; the tissue in which these were imbedded being clouded with these grains, and itself of no discoverable structure; it appeared to be the remnant of obsolete liver tissue."

Dr. Moxon says, in conclusion: "One principal fact which I wish to draw attention to is, that the foregoing twenty-six cases include all the examples of the particular kind of hepatic disease described in them, which in the course of 900 inspections I have met with. In other words, whenever, at any parts of the liver, there have been depressed fibrous cicatricial spots, with or without gummous formation, and with adhesion to the contiguous part of the neighbourhood of the organ, there have also been present other conditions of a kind such as to give satisfactory proof that the person was syphilitic. . . . . Two other conditions there are which might be taken for the syphilitic scar; one is a local thickening of the capsule, without depression, and without wasting of the tissue. Another, is the branching atrophy of the tissue around the superficial portal veins, producing ramose white seams, but *not depressed*. . . . . Yet a third state may be noted, wherein one or two small, yellowish, generally calcareous nodules are found at or near the convex surface of the liver. These are the only representatives of the described parasitic action of the pentastoma denticulatum which I have met with, and I have never seen the parasite in them." This paper is accompanied by two plates.

XIII. *Note on a Case of Melanuria.* By Thomas Stevenson, M. D.

The urine, in the case reported by Dr. Stevenson, was passed just before her death, by a woman whose thigh had been amputated in consequence of an osteosarcomatous tumour. She was said to have had an attack of scarlatina a few days after the operation, but this was doubted by some of her attendants. Previous to the passing of the black urine the stump had been dressed with a strong solution of carbolic acid; and Dr. Stevenson says that it is somewhat remarkable that in all cases in which true black urine has been passed, either wood or coal tar creasote—both of which contain carbolic acid—have been administered either internally or externally. The urine was first tested for blood, but none was found; it was then determined to seek for indigo, but although a careful analysis of the urine was made, no evidence of its presence could be detected. Potassa appeared to dissolve the pigment with the production of a rich, brown colour; but when this solution was treated with grape sugar no indigo blue was deposited. Dr. Stevenson, as the result of a careful investigation, declares his inability to state positively to what the urine owed its colour. It will be recollected in the case of poisoning by carbolic acid, reported by Dr. Taylor in this volume, a black colour of the urine was not mentioned as one of the symptoms.

XVI. *On the Guaiacum Process for the Detection of Blood in Medico-Legal Cases. The Antozone Test.* By ALFRED S. TAYLOR, M. D., F. R. S.

This test is not altogether new: it was originally suggested by Van Deen, a Dutch chemist, who employed an alcoholic solution of guaiac and what he supposed was ozonized oil of turpentine. Very little attention was paid to it until 1863, when the subject underwent a minute critical examination by Dr. Liman, of Berlin, by whom it was not considered satisfactory; for he says, that while a failure to respond to this test, indicates that there is no blood present, the converse is not true, as he has obtained the characteristic reaction with other liquids. Dr. Taylor, as a consequence of some experiments performed by himself, at first adopted the opinions of Dr. Liman; but having discovered that oil of turpentine is not a good liquid to experiment with, he has recently tried, as suggested by Drs. Day and Schönbein, the peroxide of hydrogen and ozonized ether. It will be noted that ozonized ether contains not ozone but antozone. Two liquids are used, therefore, for the detection of the red colouring matter of the blood: 1. An alcoholic solution of guaiacum resin; 2. A liquid containing not ozone, as Van Deen supposed, but antozone, or peroxide of hydrogen.

There are certain organic and inorganic substances which have the effect of changing to a blue colour the resin precipitated by water from its alcohol solution; and among these may be mentioned all those hyperoxides which contain oxygen in the form of ozone, as manganate and permanganate of potassa, peroxide of lead, and manganese: also bodies which operate through the agency of water as oxidizers, such as chlorine, bromine, iodine, hyponitric acid, and the hypochlorates. Among organic bodies gum, gluten, unboiled milk, exercise this power to a slight extent; while on the other hand boiled milk, starch, fibrin, and the colouring matter of the blood have no effect upon the precipitate, and the same is true of all mineral compounds which contain oxygen in the form of antozone. But while the colouring matter of the blood alone is without action upon the precipitated guaiac, it acquires the property of changing the colour in the presence of antozone; and it is the only substance which not having this property under ordinary circumstances acquires it when antozone is added to it. To discover whether the liquid containing antozone is in a proper condition for use, add to it a few drops of a solution of bichromate of potassa when a blue colour should be immediately produced, in consequence of the formation of perchromic acid.

To test for blood, the following method is to be pursued. Add a few drops of the tincture of the resin to four drachms of water; then add a few drops of the colouring matter of the blood, enough to give a faint red tint; to this a few drops of peroxide of hydrogen or ozonized ether is added; then a blue colour should begin at once to show itself. The liquid containing the antozone should not be added before the suspected liquid, as was done by Dr. Liman, for it would then be impossible to say whether the liquid had itself changed the resin to a blue colour, or whether it had merely done so in consequence of the presence of antozone.

For the detection of blood upon the clothing, Dr. Taylor recommends the following process: The part is first to be wetted with a little water, a little tincture of guaiac is then to be dropped upon it, and then a piece of white blotting paper should be pressed upon the spot; if no blue colour is developed, there is nothing in the material or dye to affect the reaction. Another drop of tincture of guaiac, and then a few drops of peroxide of hydrogen should be added, and then, upon pressing white blotting paper on the spot, a blue colour will at once show itself on the paper. Dr. Taylor succeeded in obtaining the characteristic reaction in the case of drops of blood which had been on a towel for ten years. This test does not enable us to say, of course, to what kind of animal the blood belongs. Even the red liquid of the common house fly, Dr. Taylor says, will produce the effect above mentioned. Its advantage is, that a small quantity, beyond the application of the ordinary chemical tests, may be detected in this way. In fact, there is no other method which approaches it in delicacy, except that of Mr. Sorby, of Sheffield.

So small a quantity as one drop of blood in eight ounces of water may be detected by operating on one or two drachms. Nor does the admixture of mucus, urine, or other liquid without oxidizing effect upon the blood, render this test inapplicable. Dr. Taylor believes that the colouring matter of the blood acts by converting the antozone into ozone or nascent oxygen, and in this way effects the oxidation of the resin—a property which none of the organic colouring principles resembling blood, possess.

XVII. *Dissections of Acephalous Monsters without Head, Heart, Lungs, or Liver.* By J. Braxton Hicks, M. D., F. R. S., and James Bankart.

Four specimens of this kind of monstrosity have fallen into the hands of these gentlemen, and in the present paper an account of the dissection of two of them is given. The manner in which the circulation is carried on in these cases has, of course, been a subject of much investigation. The contraction of the blood-vessels alone would not account for the propulsion of the blood in a given direction, without the presence of valves. On this subject, Dr. Hicks says: "For, if the fœtus have no propelling organ in itself, it is evident either that it must receive an impulse through its vessels anastomosing in the placenta with those of the other fœtal heart (in the case of a twin conception), or that a circulation akin to the vegetable must obtain in the case of a single fœtus, or in a twin case, where no anastomosis exists."

But one artery and one vein were found in each case. In one case, the artery, after descending to the brim of the pelvis, where it gave off branches for the lower extremities, ascended towards the rudimentary thorax, sending off in its course branches to the intestines and kidneys, and finally divided into three branches, one for each upper extremity, the third for the rest of the upper part of the body. The vein divided into two branches, one of which was distributed to the upper, the other to the lower part of the body. In the other case, the artery descended till it reached the inguinal region, where it sent off a small branch to supply the left leg; it then passed backwards and upwards to the lumbar vertebræ, where it gave off a branch to the right leg. Ascending, it supplied arteries to the kidney, supra-renal capsules, mesentery, and other parts, and finally divided into three branches, which went to supply the upper extremities. The vein had three principal branches; one of these received its branches from the lower extremities, kidneys, mesentery, &c., and then, just as it entered the thorax, joined a second branch which came straight from the umbilicus; at the level of the upper extremities it divided into three branches, which were distributed to the upper part of the body. The other branch was distributed to the left side of the body. No trace of valves could be detected either in the arteries or veins. In each case, at the upper part of the abdominal cavity near the median line, was a round glandular-looking body about three-quarters of an inch in diameter. Its structure appeared to be similar to that of the spleen. No excretory duct could be found, but it was supplied with an artery and vein; it is therefore probable that it represented the spleen. Three plates accompany this paper.

XX. *A Case of the Hemorrhagic Diathesis, with Remarks.* By Arthur E. Durham.

In this case, the patient, a boy of three and a half years of age, had presented symptoms of stone in the bladder for four or five months. His mother, when told of the nature of the operation intended for his relief, expressed her conviction that it would prove fatal. "For," she said, "three of his brothers have bled to death from very little wounds—it is in the family." Notwithstanding the unfavourable nature of the case, Mr. Durham, with the consent of his colleagues, determined to operate, as it was evident that the child would not live long unless the stone were removed. The operation was successfully performed, less than the usual quantity of blood being lost at the time; between three and four hours afterwards, a slight oozing from the external incision was noticed, and in about two hours more the child was dead. After death, a clot of firm consistency was found in the bladder, distending it to some extent. The mother, upon being questioned, said: "As far back as my own grandmother's generation, and from hers downwards, the male children have been subject to great bleeding from slight causes. Three of my own brothers died before they were four years old, from loss of blood. Of my own offspring, three have already died from the same cause. This one makes the fourth." She also stated that the male children of her sister exhibited evidences of possessing a similar diathesis, but that none had, up to that time, died. Of her own children who had died of hemorrhage, one, aged thirteen months, died in consequence of the lancing of an abscess. Another, aged seven years, died from loss of blood, caused by biting his tongue, and the third cut his gums, and bled to death.

Mr. Durham says there are two conditions generally confounded under the name of hemorrhagic diathesis. In one condition there is a tendency to profuse hemorrhage from small wounds, in the other there is a great inability to bear the loss of small quantities of blood.

XXI. *On Gastric Erosion.* By F. W. PAVY, M. D., F. R. S.

It is well known that Hunter looked upon the erosion of the stomach, which is frequently found after death, as the effect of post-mortem softening, and explained the immunity of the mucous membrane of this organ from digestion by its own secretion during life by the protecting influence of the living principle. Bernard, however, proved that this explanation was insufficient, for he showed that the hind legs of a living frog underwent digestion when introduced into the stomach of a dog through a fistulous opening, and Dr. Pavy has found that the tip of a rabbit's ear was similarly attacked. Bernard then suggested that the stomach escaped digestion in consequence of the power it possesses of renewing constantly its epithelial layer, and that the cessation of this process permits the unrestrained action of the gastric juice upon its coats. Dr. Pavy, wishing to submit this explanation to the test of experiment, excised patches of mucous membrane from the stomachs of dogs, and was surprised to find that no further destruction of the walls occurred, and that ultimately in most of the cases repair by cicatrization took place.

In a communication on the "Immunity enjoyed by the Stomach from being digested by its own secretion during life," in the *Transactions of the Royal Society* for 1863, Dr. Pavy has given the results of a number of experiments, by which he was conducted to the conclusion that the cause of this immunity is to be found in the excessive alkalinity of the blood in the gastric veins.

The alkalinity of the blood, it will readily be conceded, is greatest just when the acidity of the secretion is most marked. Now, if by any means we can reduce the degree of alkalinity of the blood circulating through the stomach, or on the other hand increase the acidity of the secretion, we shall bring about digestion of its coats. The former may be accomplished by preventing the flow of blood through the organs, either by ligaturing its vessels, or by causing a constricted portion of its walls to protrude into its cavity; the latter may be induced by introducing some non-corrosive acid, as citric, into the stomach.

The reason for the escape from digestion of the larvæ of the œstrus (popularly called bots), which are frequently found in the stomach of a horse, is simply that they are so firmly attached to the walls of the stomach as almost to partake of their nature, besides which chitine, which forms the basis of their external tissue, is of an exceedingly indigestible nature. Leeches or earthworms undergo digestion like ordinary morsels of food. In a treatise on Embolism, published in 1860, Cohn advances the view that ulcers of the stomach are due to embolism of some of its arteries, which by cutting off the supply of blood from a certain portion of it allows digestion of its walls to take place.

All of these papers are of more than usual interest, and we regret that our limits will not permit us to notice some of them much more in detail. We look upon the volume as one of the most valuable that has ever been issued by the Staff of Guy's Hospital.

J. H. H.